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| B 1 (Official Form 1) (1.08)                                                                                                                    | ······································ |                                         |                                                 |                    |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|-------------------------------------------------|--------------------|-------------------------------------|
| United States Bankruptcy Com                                                                                                                    | rt                                     |                                         |                                                 |                    |                                     |
| Name of Debtor (if individual)                                                                                                                  |                                        |                                         | ŧ                                               | Vol                | sutary Petition                     |
| Name of Debtor (if individual, enter Last, First, Middle):                                                                                      |                                        | Name of                                 | Joint Debtor (Spous                             |                    |                                     |
| All Office Names need by the Date.                                                                                                              | <del></del>                            | _                                       | zeotor (Spous                                   | c) (Last, First, M | liddle):                            |
| (include married, maiden, and trade names):                                                                                                     |                                        | All Othe                                | r Names used by the married, maiden, and        | Joint Debtor in ti | he last 8 years                     |
| Last Fare Living Co.                                                                                                                            |                                        | (************************************** | married, maiden, and                            | trade names):      | •                                   |
| Last four digits of Soc. Sec. or Indvidual-Taxpayer I.D. (ITIN) No. Con (if more than one, state all):                                          | mplete EIN                             | Last four                               | 25. tr 00                                       |                    |                                     |
| 8860                                                                                                                                            | •                                      | (if more t                              | uigns of Soc. Sec. or<br>han one, state all):   | Indvidual-Taxpo    | ayer I.D. (ITIN) No./Complete       |
| Street Address of Debtor (No. and Street, City, and State):                                                                                     | <del></del>                            | 4.                                      | -                                               |                    |                                     |
| Chicago, IL 60628                                                                                                                               |                                        | Street Add                              | lress of Joint Debtor                           | (No. and Street,   | City, and State):                   |
|                                                                                                                                                 |                                        | 1                                       |                                                 |                    | ŕ                                   |
| County of Residence or of the Principal Place of Business:                                                                                      | E 0628                                 | 1                                       |                                                 |                    |                                     |
| The pair race of Business:                                                                                                                      |                                        | County of                               | Residence or of the P                           | rinoine) DI        | ZIP CODE                            |
| Triuming Audiess of Debtor (if diess, and c                                                                                                     | <del></del> -                          | Mailton                                 |                                                 | rincipal Place of  | Business:                           |
| 1848 E 1315+<br>PIVERDAIE, ILLOOB27                                                                                                             |                                        | Maining Ad                              | dress of Joint Debtor                           | (if different from | n street address);                  |
| TiveEbare, ILLacoor                                                                                                                             |                                        |                                         |                                                 |                    | -/-                                 |
| Location of Principal Assets of Business Debtor (if different from street ad                                                                    | (m827)                                 |                                         |                                                 |                    |                                     |
| of Sushiess Deotor (if different from street ad                                                                                                 | idress above);                         |                                         | <del></del>                                     |                    | ZIP CODE                            |
| Type of Debtor Nati                                                                                                                             | ure of Business                        |                                         | · ·                                             |                    | ZIP CODE                            |
| (Form of Organization) (Check one box.)  (Check one box.)                                                                                       | c ol Briziliett                        |                                         | Chapte                                          | T of Bankrupte     | v Code III-d. 120                   |
| ls.L                                                                                                                                            | e Rusinas                              |                                         | the                                             | Petition is Filed  | (Check one box.)                    |
| See Exhibit D on page 2 of this farm                                                                                                            | et Real Estate as                      | defined in                              | Chapter 7                                       | ☐ Ch               | apter 15 Petition for               |
| Post-                                                                                                                                           | f 101(51 <del>B)</del>                 | Touried III                             | Chapter 9 Chapter 11                            | Ke                 | Cognition of a Foreign              |
| Other (If debtor is not one of the above entities, check this box and care a more of the above entities, commodity                              | r                                      |                                         | Chapter 12                                      | Ma                 | in Proceeding upter 15 Petition for |
| check this box and state type of entity below.)                                                                                                 | Broker                                 |                                         | Chapter 13                                      | Kec                | Omition of a Foreign                |
| Other (If debtor is not one of the above entities, check this box and state type of entity below.)  Stockbroker Commodity Clearing Bai          | nk                                     | ļ                                       |                                                 | Non                | main Proceeding                     |
|                                                                                                                                                 |                                        |                                         |                                                 | Nature of I        | Debts                               |
| Tax-E                                                                                                                                           | xempt Entity                           |                                         | . 1                                             | (Check one         | box.)                               |
|                                                                                                                                                 | x, if applicable.                      | 1                                       | Debts are primar                                | ily consumer       | Dahra                               |
| Debtor is a tai                                                                                                                                 | x-exempt organ                         | zation                                  | ucos, actined in                                | 221111             | Debts are primarily business debts. |
| 1 4100 20                                                                                                                                       | 6 of the United S<br>ernal Revenue C   | Year                                    | § 101(8) as "inci<br>individual prima           | rily for a         |                                     |
| Filing Fee (Check one box.)                                                                                                                     | THE INEVENIES C                        | ode).                                   | personal, family                                | or house-          |                                     |
| E ti sui                                                                                                                                        |                                        |                                         | hold purpose."                                  | an 11 No. 1        |                                     |
| Full Filing Fee attached.                                                                                                                       |                                        | ck one bex;                             | Сагри                                           | er 11 Debters      |                                     |
| Filing Fee to be paid in installments (applicable to individuals only). Musigned application for the court's consideration certificing that the | ,                                      | Decitor is a                            | small business debto                            | r as defined in 1  | I U.S.C. § 101(51D).                |
| signed application for the court's consideration certifying that the debtor i                                                                   | st attach                              | Debtor is no                            | nt a small business de                          | btor as defined in | n 11 U.S.C. § 101(51D).             |
| Kuit 1000(b). See Official Form                                                                                                                 | D 3 1 Cm.                              | CK 11;                                  |                                                 |                    |                                     |
|                                                                                                                                                 | , ,                                    | Debtor's nor                            | regate noncontinuen                             | t liquidated deba  | s (excluding debts owed to          |
| attach signed application for the court's consideration. See Official Form                                                                      | 38.                                    | insiders or a                           | filiates) are less than                         | \$2,190,000.       | s (excluding debts owed to          |
|                                                                                                                                                 | Chec                                   | k all applical                          | hle hares                                       |                    | 1                                   |
|                                                                                                                                                 | 144                                    | A' Diam is be⊹i                         | on films with a con-                            | tion.              | 1                                   |
| fistical/Administrative Information                                                                                                             |                                        |                                         | of the plan were solid<br>in accordance with 11 |                    | from one or more classes            |
| Debtor estimates that 6 1                                                                                                                       |                                        |                                         |                                                 |                    | u).                                 |
| Debtor estimates that funds will be available for distribution to unsecur                                                                       | red creditors                          |                                         |                                                 |                    | THIS SPACE IS FOR                   |
| distribution to unserved creditors                                                                                                              | istrative expens                       | es paid, there                          | Will be no funds                                | ilakta e           | COURT USE ONLY                      |
|                                                                                                                                                 | · · · · · · · · · · · · · · · · · · ·  |                                         | no ratius avai                                  | natic for          | 1 1                                 |
| 50-99 100-199 200 000                                                                                                                           |                                        |                                         | , may                                           |                    | 4                                   |
| 1.000- 5,001-                                                                                                                                   | 10,001-                                | 25,001-                                 | □<br>50,001-                                    | □                  | 1 1                                 |
| 3,000 10,000 sted Assets                                                                                                                        | 25,000                                 | 50,000                                  | 100,000                                         | Over<br>100,000    | 1 1                                 |
|                                                                                                                                                 |                                        |                                         |                                                 | , 50,000           | ]                                   |
| 0 \$100,000 trooped to \$500,001 \$1,000,001 \$10,000,001                                                                                       | \$50,000,004                           |                                         |                                                 |                    | 1 1                                 |
| 53100,000 \$300,000 to \$1 to \$10 to \$50                                                                                                      | \$50,000,001<br>0018 of                | \$100,000,                              | 001 \$500,000,001                               | More than          |                                     |
| ed Liabilities million million million                                                                                                          | million                                | to \$500<br>mulion                      | to \$1 billion                                  | \$1 billion        |                                     |
|                                                                                                                                                 |                                        |                                         | ·                                               |                    | •                                   |
| \$100,000 \$100,001 to \$500,001 \$1,000,001 \$10,000,001                                                                                       | □<br>\$50,000,001                      |                                         |                                                 | :n                 | l                                   |
| 3500,000 to \$1 to \$10 to \$50                                                                                                                 | 100,000,001                            | \$100,000,00<br>to \$500                | ***************************************         | More than          |                                     |
| million million million                                                                                                                         | million                                | million                                 | to \$1 billion                                  | \$1 billion        |                                     |

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| Voluntary Petition (This page must be completed and filed in every case.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Name of Debtor(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| All Prior Bankrunter Constitution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |
| All Prior Bankruptcy Cases Filed Within Last Where Filed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8 Years (If more than two, attach addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | onal sheet )                                                                         |
| Location DOM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Case Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date Filed:                                                                          |
| Where Filed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Case Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ກິ່ວນີ້ໃ                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Case Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date Filed:                                                                          |
| Pending Bankruptcy Case Filed by any Spouse, Partner, or A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Milate of this Debtor (If more than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 101                                                                                  |
| h ! / o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Case Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | , attach additional sheet.)                                                          |
| District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 / 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date Filed:                                                                          |
| IVIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Relationship:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | - A//O                                                                               |
| Exhibit A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Judge: //                                                                            |
| (To be completed if debter in any in the completed if debter in the completed if debter in the complete in the | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | shibit B                                                                             |
| (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission property of the securities and Exchange Commission property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (10 be completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | if debion in an interest                                                             |
| 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ) are pr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | imanily consumer debts.)                                                             |
| and its requesting reflet under chapter [1].)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I, the attorney for the position.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | have informed the petitioner that [he 12, or 13 of title 11, United State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | or shell may among petition, declare                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12, or 13 of title 11, United State available under each such chapter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | es Code, and have evaluited the                                                      |
| <b>7</b> -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | available under each such chapter. I debtor the notice required by 11 U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | further certify that I have delivered                                                |
| Exhibit A is attached and made a part of this petition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | C. § 342(b).                                                                         |
| Feet or mis heridou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | x                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature of Attorney for Debtor(s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Date)                                                                               |
| Exhibit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |
| oes the debtor own or have nosserain as an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |
| possession of any property that poses or is alleged to pose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | a threat of imminent and identify and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |
| oes the debtor own or have possession of any property that poses or is alleged to pose  Yes, and Exhibit C is attached and made a part of this petition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | and identifiable harr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n to public health or safety?                                                        |
| No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                                                    |
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| o be completed by every individual debtor. If a joint petition is filed,  Exhibit D completed and signed by the debtor is attached and m  his is a joint petition:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D  each spouse must complete and a  ade a part of this petition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | attach a separate Exhibit D.)                                                        |
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| nis is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | each spouse must complete and a ade a part of this petition.  ed and made a part of this petition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |
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| Information Regarding the (Check any applicable preceding the date of this petition or for a longer part of such 180 days the has no principal place of business or assets in the United States but is a dethis District, or the interests of the parties will be served in regard to the re  Certification by a Debtor Who Resides as a Te (Check all applicable bo Landlord has a judgment against the debtor for possession of debtor's resented in the deb | each spouse must complete and a ade a part of this petition.  ed and made a part of this petition ed and made a part of this petition.  Debtor - Venue e box.)  siness, or principal assets in this District of an in any other District.  or partnership pending in this District. The pending in this District. The pending in this District.  Usiness or principal assets in the United Strendant in an action or proceeding [in a filler sought in this District.  Inant of Residential Property (Sec.)  Sidence. (If box checked, complete the found of landlord that obtained judgment)  Ess of landlord)  Bances under which the debtor would be petter indument.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | or 180 days immediately  States in this District, or federal or state court) in      |
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| Voluntary Petition (This page must be completed and filed in every case.)                                                                                      | Name of Debtor(s): Page 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| P-Se must be completed and filed in every case.)                                                                                                               | and of Decitor(s),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Signature(s) of Debtor(s) (Individual/Joint)                                                                                                                   | Signature of a Family D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| I declare under penalty of perjury that the information provided in this petition and correct.                                                                 | Signature of a Foreign Representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| and correct.                                                                                                                                                   | is true I declare under penalty of perjury that the information provided in this petition and correct, that I am the foreign representative of a deby                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| [If petitioner is an individual whose debts are primarily consumer debts are chosen to file under chapter 7] I am guess that []                                | and correct, that I am the foreign representative of a debtor in a foreign process and that I am authorized to file this petition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| chosen to file under chapter 7] I am aware that I may proceed under chapter 7, or 13 of title 11. United States Code under that I may proceed under chapter 7, |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                | such (Check only one box.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| chapter, and choose to proceed under chapter 7.                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| [If no attorney represents me and no bankruptcy petition preparer signs the petiti-<br>have obtained and read the notice required by 11 U.S.C. § 342(b).       | ion] 1 request relief in accordance with chapter 15 of title 11, United States Code<br>Certified copies of the documents required by 11 U.S.C. § 1515 are attache                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| I request relief in accordance with the chapter of title 11, United States (                                                                                   | Pursuant to 1111 S.C. & 1611                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| specified in this petition.                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                | order granting recognition of the foreign main proceeding is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Signature of Debtor                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature of Debtor                                                                                                                                            | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                | (Signature of Foreign Representative)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Signature of Joint Debtor                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1/3 / 111-76/6                                                                                                                                                 | (Printed Name of Foreign Representative)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Telephone Number (if not represented by attorney)                                                                                                              | work (contractituitye)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Date 8 - 28 - 39                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Signature of Attorney*                                                                                                                                         | Signature of Name and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                | Signature of Non-Attorney Bankruptcy Petition Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Signature of Attorney for Debtor(s)                                                                                                                            | I declare under penalty of perjury that: (1) I am a bankruptcy petition prepare defined in 11 U.S.C. § 110; (2) I prepared this decument for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                | defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and he provided the debtor with a copy of this document and he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Printed Name of Attorney for Debtor(s)                                                                                                                         | provided the debtor with a copy of this document for compensation and h required under 11 U.S.C. §§ 110(b), 110(b), and 242(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Firm Name                                                                                                                                                      | guidelines have been an analysis of the state of the stat |
|                                                                                                                                                                | fee for services chargeable to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Address                                                                                                                                                        | Rolice of the maximum and the del                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                | or accepting any fee from the debtor, as required in that section. Official Form 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                | ausched. Official Form [9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Telephone Number                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                | Printed Name and title, if any, of Bankruptcy Petition Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| I come in which a gorday was                                                                                                                                   | Social-Security number (If the bankruptcy petition preparer is not an individual state the Social-Security number of the officer and individual state the social-Security number of the officer and individual state.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| s case in which § 707(b)(4)(D) applies, this signature also constitutes a                                                                                      | state the Social-Security number of the officer, principal, responsible person of partner of the bankruptcy petition preparer. (Recommendation of the bankruptcy petition preparer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| fication that the attorney has no knowledge after an inquiry that the information e schedules is incorrect.                                                    | partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                | 1 4 - 5 11 0.b.C. g 110.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signature of Debtor (Corporation/Partnership)                                                                                                                  | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ( And Anna an Intel 2010)                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| are under penalty of perjury that the information provided in this petition is true                                                                            | V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| correct, and that I have been authorized to file this petition on behalf of the r.                                                                             | Х                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| ebtor requests the relief in accordance with the chapter of title 11, United States specified in this petition.                                                | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| specified in this petition.                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                | Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ignature of Authorized Individual                                                                                                                              | partner whose Social-Security number is provided above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| inted Name of Authorized Individual                                                                                                                            | Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankerstern and prepared or assisted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                | in preparing this document unless the bankruptcy petition preparer is not an individual.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| tle of Authorized Individual                                                                                                                                   | individual, proparer is not an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                | If more at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ite                                                                                                                                                            | If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| i                                                                                                                                                              | to the appropriate official form for each person.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                | A hankruptcy petition preparer's failure to comply with the provisions of title 11 and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                | I wanter upicy petition preparer's failure to complete the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1.                                                                                                                                                             | the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or 11 U.S.C. § 110: 18 U.S.C. § 156                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

B 1D (Official Form 1, Exhibit D) (12/08)

## UNITED STATES BANKRUPTCY COURT

| In re Rockell A | GRIGGS |                     |  |
|-----------------|--------|---------------------|--|
| Debtor          |        | Case No. (if known) |  |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.

B 1D (Official Form 1, Exh. D) (12.08) - Cont.

Page 2

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

- ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]
  - ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
  - ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
    - Active military duty in a military combat zone.
- ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

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In re ROCKELLAG RIGOS

| Case No. |            |
|----------|------------|
|          | (If known) |

### SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND<br>LOCATION OF<br>PROPERTY | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSHAME, WTHE, JOBH,<br>OR COMPANIETY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOU DEDUCTING ANY SECURED CLAIM OR EXEMPTION | SECURED |
|--------------------------------------------|--------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------|---------|
| none                                       |                                            |                                       |                                                                                                 | ·       |
|                                            |                                            |                                       |                                                                                                 |         |
|                                            |                                            |                                       |                                                                                                 |         |
|                                            |                                            |                                       | į                                                                                               |         |
|                                            | Total                                      |                                       |                                                                                                 |         |

(Report also on Summary of Schedules.)

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B6B (Official Form 6B) (12/07)

| In re Rockell A. Gre | uggs. |
|----------------------|-------|
|----------------------|-------|

| Case No. |            |
|----------|------------|
|          | (if known) |

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N<br>O<br>R | DESCRIPTION AND LOCATION<br>OF PROPERTY | SALESAN, WRIE, JOHN,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 1. Cash on hand.  2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.  3. Security deposits with public utilities, telephone companies, landlords, and others.  4. Household goods and furnishings, including audio, video, and computer equipment.  5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact dise, and other collections or collectibles. | X X         | used turniture                          |                                      | OR EXEMPTION                                                                                                      |
| 6. Wearing apparel. 7. Furs and jewelry. 8. Firearms and sports, photographic, and other hobby equipment. 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. 0. Annuities. Itemize and name ach issuer. 1. Interests in an education IRA as efined in 26 U.S.C. § 530(b)(1) or under qualified State nuition plan as defined in 5 U.S.C. § 529(b)(1). Give particulars, itle separately the record(s) of any such terest(s). 11 U.S.C. § 521(c).                                           |             | sed clothing                            |                                      |                                                                                                                   |

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B6B (Official Form 6B) (12/07) - Cont.

| Inre Kockell | A | GRIEDS. |
|--------------|---|---------|
| Debtor       |   | マステ     |

| Case No. | (If known) |
|----------|------------|
|          | (II KROWD) |

### SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| TYPE OF PROPERTY                                                                                                                                                           | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | SECTION NEWS, JOSES, PORTING | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------|
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.                                                                            | 4                |                                         |                              |                                                                                                    |
| 13. Stock and interests in incorporated and unincorporated businesses.  Itemize.                                                                                           | *                |                                         |                              |                                                                                                    |
| 14. Interests in partnerships or joint ventures. Itemize.                                                                                                                  | 4                |                                         |                              |                                                                                                    |
| 15. Government and corporate bonds<br>and other negotiable and non-<br>negotiable instruments.                                                                             | X                |                                         |                              |                                                                                                    |
| 16. Accounts receivable.                                                                                                                                                   | 1                |                                         |                              |                                                                                                    |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.                                                   | 7                |                                         |                              |                                                                                                    |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.                                                                                         |                  |                                         |                              |                                                                                                    |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.     |                  |                                         |                              |                                                                                                    |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.                                                   |                  |                                         |                              |                                                                                                    |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and ights to setoff claims. Give estimated alue of each. |                  |                                         |                              |                                                                                                    |

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B6B (Official Form 6B) (12/07) - Cont.

| īm re _ | Rockell | Á. | GRAGAS |   |
|---------|---------|----|--------|---|
|         | Debtor  |    |        | _ |

| Case No. |            |
|----------|------------|
| ~~~~~    |            |
|          | (If known) |

### SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| TYPE OF PROPERTY                                                                                                                                                                                                                                                                            | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | Malland, were, 2000;<br>On Chemistry | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <ul><li>22. Patents, copyrights, and other intellectual property. Give particulars.</li><li>23. Licenses, franchises, and other general intangibles. Give particulars.</li></ul>                                                                                                            | + +              |                                         |                                      |                                                                                                                   |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | +                |                                         |                                      |                                                                                                                   |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.                                                                                                                                                                                                                      | +                |                                         |                                      |                                                                                                                   |
| 6. Boats, motors, and accessories.                                                                                                                                                                                                                                                          | 1                |                                         |                                      |                                                                                                                   |
| 7. Aircraft and accessories.                                                                                                                                                                                                                                                                |                  |                                         | 1 1                                  |                                                                                                                   |
| 8. Office equipment, furnishings, and supplies.                                                                                                                                                                                                                                             | x                |                                         |                                      |                                                                                                                   |
| ). Machinery, fixtures, equipment, id supplies used in business.                                                                                                                                                                                                                            | (                |                                         |                                      |                                                                                                                   |
| . Inventory.                                                                                                                                                                                                                                                                                |                  |                                         |                                      |                                                                                                                   |
| Animals.                                                                                                                                                                                                                                                                                    |                  |                                         |                                      |                                                                                                                   |
| Crops - growing or harvested, e particulars.                                                                                                                                                                                                                                                | -                |                                         |                                      |                                                                                                                   |
| Farming equipment and implements.                                                                                                                                                                                                                                                           |                  |                                         |                                      |                                                                                                                   |
| farm supplies, chemicals, and feed.                                                                                                                                                                                                                                                         |                  |                                         | - 1                                  |                                                                                                                   |
| Other personal property of any kind lready listed. Itemize.                                                                                                                                                                                                                                 |                  |                                         |                                      |                                                                                                                   |
|                                                                                                                                                                                                                                                                                             |                  | }                                       | - 1                                  | 1                                                                                                                 |

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

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| B6C (Official Form 6C) (12/07) |           |         |
|--------------------------------|-----------|---------|
| In re Rockell Debtor           | A Grénges | Case No |

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| bestor claims the exemptions to which debtor is entitled under: | Charle if debias alsian a training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Check one box)                                                  | the state of the s | eed |
| 1 11118 (2 8 520/8)/25                                          | \$136,875.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |

☐ 11 U.S.C. § 522(b)(2)

|         |     |        | • • • |     | ,-,,-, |
|---------|-----|--------|-------|-----|--------|
| <u></u> | 11  | HISC   | £     | 533 | 163/33 |
| _       | 1.1 | U.S.C. | 3     | 344 | (C)(O) |

| DESCRIPTION OF PROPERTY | SPECIFY LAW<br>PROVIDING EACH<br>EXEMPTION | VALUE OF<br>CLAIMED<br>EXEMPTION | CURRENT<br>VALUE OF PROPERTY<br>WITHOUT DEDUCTING<br>EXEMPTION |
|-------------------------|--------------------------------------------|----------------------------------|----------------------------------------------------------------|
| none                    |                                            |                                  |                                                                |
|                         |                                            |                                  |                                                                |
|                         |                                            |                                  |                                                                |
|                         |                                            |                                  |                                                                |
|                         |                                            |                                  |                                                                |
|                         |                                            |                                  |                                                                |

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| In re KOCKEL A GROSS, Debtor | Case No(If known) |
|------------------------------|-------------------|
|------------------------------|-------------------|

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Ioint or Community"

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| B                                                                                                      |          |                                          |                                                                                                |            |              |            |                                                           |                                                                                                          |
|--------------------------------------------------------------------------------------------------------|----------|------------------------------------------|------------------------------------------------------------------------------------------------|------------|--------------|------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED   | AMOUNT OF CLA<br>WITHOUT<br>DEDUCTING VAL<br>OF COLLATERA | PORTION, I                                                                                               |
| ACCOUNT NO.                                                                                            |          |                                          | SCHOOL TO LIEN                                                                                 |            |              |            |                                                           | <del></del>                                                                                              |
|                                                                                                        |          | I                                        | 1                                                                                              |            |              | 1          |                                                           |                                                                                                          |
|                                                                                                        |          |                                          |                                                                                                |            |              |            |                                                           |                                                                                                          |
| CCOUNT NO.                                                                                             | $\perp$  | ,                                        | VALUES                                                                                         |            |              |            |                                                           |                                                                                                          |
| CCOSM NO.                                                                                              |          |                                          |                                                                                                |            |              | 1          |                                                           |                                                                                                          |
|                                                                                                        |          |                                          |                                                                                                |            |              |            |                                                           |                                                                                                          |
|                                                                                                        |          | }                                        |                                                                                                |            |              |            |                                                           |                                                                                                          |
| COUNT NO.                                                                                              | - -      | <u>v.</u>                                | ALDE S                                                                                         |            |              |            |                                                           |                                                                                                          |
|                                                                                                        |          | -                                        | -                                                                                              |            |              |            |                                                           |                                                                                                          |
|                                                                                                        |          |                                          |                                                                                                |            |              |            |                                                           |                                                                                                          |
|                                                                                                        |          |                                          |                                                                                                |            |              |            |                                                           |                                                                                                          |
| continuation sheets                                                                                    |          | Su                                       | btotal >                                                                                       |            |              |            |                                                           |                                                                                                          |
| attached .                                                                                             |          |                                          | otal of this page)<br>tal ►                                                                    |            |              |            |                                                           | S                                                                                                        |
|                                                                                                        |          |                                          | se only on last page)                                                                          |            |              | S          |                                                           | \$                                                                                                       |
|                                                                                                        |          |                                          |                                                                                                |            |              | (Re<br>Sch | port also on Summary of<br>edules.)                       | (If applicable, report<br>also on Statistical<br>Summary of Certain<br>Liabilities and Related<br>Data,) |

| B6D (Official Form 6D) (12/07) - Cont. |                   |
|----------------------------------------|-------------------|
| In re ROCKELL A GROSS, Debtor          | Case No(if known) |

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.) | CODERTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED, NATURE<br>OF LIEN, AND<br>DESCRIPTION AND<br>VALUE OF PROPERTY<br>SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED    | AMOUNT OF C<br>WITHOUT<br>DEDUCTING V.<br>OF COLLATE | ALUE                                                            | UNSECURI<br>PORTION,<br>ANY            |
|--------------------------------------------------------------------------------------------------------|----------|------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------|--------------|-------------|------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------|
| ACCOUNT NO.                                                                                            |          |                                          |                                                                                                               | -          |              |             |                                                      |                                                                 |                                        |
|                                                                                                        |          |                                          | VALUE S                                                                                                       |            |              |             |                                                      |                                                                 |                                        |
| ACCOUNT NO.                                                                                            |          |                                          |                                                                                                               |            |              |             |                                                      |                                                                 | <del></del>                            |
|                                                                                                        |          |                                          |                                                                                                               |            |              |             |                                                      | ļ                                                               |                                        |
|                                                                                                        |          |                                          |                                                                                                               |            |              |             |                                                      |                                                                 |                                        |
|                                                                                                        |          |                                          | ALLES                                                                                                         |            |              |             |                                                      |                                                                 |                                        |
| COUNT NO.                                                                                              |          |                                          | ALCES                                                                                                         |            |              | _           |                                                      |                                                                 |                                        |
|                                                                                                        |          |                                          |                                                                                                               |            |              |             |                                                      |                                                                 |                                        |
|                                                                                                        | ļ        |                                          |                                                                                                               |            |              |             |                                                      |                                                                 |                                        |
| COUNT NO.                                                                                              |          |                                          | ALUES                                                                                                         |            | +            |             |                                                      |                                                                 |                                        |
|                                                                                                        | [        |                                          |                                                                                                               |            |              |             |                                                      |                                                                 |                                        |
|                                                                                                        | 1        |                                          |                                                                                                               |            |              |             |                                                      |                                                                 |                                        |
| OUNT NO.                                                                                               |          | VA                                       | LLES                                                                                                          |            |              |             |                                                      |                                                                 |                                        |
|                                                                                                        |          | -                                        |                                                                                                               |            |              |             |                                                      |                                                                 |                                        |
|                                                                                                        |          |                                          |                                                                                                               |            |              |             |                                                      |                                                                 |                                        |
| rt no of continuation                                                                                  |          | VALU                                     |                                                                                                               |            |              |             |                                                      | 1                                                               |                                        |
| is attached to Schedule of itors Holding Secured                                                       |          |                                          | Subtotal (s) ►<br>(Total(s) of this page)                                                                     |            | •            | \$          |                                                      | s                                                               | ······································ |
|                                                                                                        |          |                                          | Total(s) ► (Use only on last page)                                                                            |            |              | \$          |                                                      | \$                                                              |                                        |
|                                                                                                        |          |                                          |                                                                                                               |            |              | (Rep<br>Sum | ort also on<br>mary of Schedules.)                   | (If appli<br>report al<br>Statistics<br>of Certai<br>Liabilitie | so on<br>al Summary<br>in              |

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Related Data.)

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B6E (Official Form 6E) (12/07) rell Case No.\_

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.) Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or

responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

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| B6E (Official Form 6E) (12/07) - Cont.                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In re Rockell A. Griggs, Case No. (if known)                                                                                                                                                                                                                                                             |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                          |
| Certain farmers and fishermen                                                                                                                                                                                                                                                                            |
| Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).                                                                                                                                                               |
| Deposits by individuals                                                                                                                                                                                                                                                                                  |
| Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).                                                                                         |
| Taxes and Certain Other Debts Owed to Governmental Units                                                                                                                                                                                                                                                 |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).                                                                                                                                                                        |
| Commitments to Maintain the Capital of an Insured Depository Institution                                                                                                                                                                                                                                 |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| Claims for Death or Personal Injury While Debtor Was Intoxicated                                                                                                                                                                                                                                         |
| Claims for death or personal injury resulting from the annual of                                                                                                                                                                                                                                         |
| drug, or another substance. 11 U.S.C. § 507(a)(10).                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                          |
| * Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                          |
| continuation sheets attached                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                          |

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| Official Form 6E) (12/07) - Cont. |            |
|-----------------------------------|------------|
| Inre LockellA Riass               | Case No.   |
| Debtor                            | (if known) |

# SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

|                                                                                                   | <del></del> | _                                        |                                                                                                                             |                   |                 |          | Type of Priority fo   | or Claims Listed                     | on This Sheet                                          |
|---------------------------------------------------------------------------------------------------|-------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions above.) | CODEBTOR    | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM                                                                | CONTINGENT        | UNLIQUIDATED    | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
| Account No.                                                                                       |             |                                          |                                                                                                                             |                   |                 |          |                       |                                      | <del></del>                                            |
|                                                                                                   |             |                                          |                                                                                                                             |                   |                 |          |                       |                                      |                                                        |
| Account No.                                                                                       | 1 1         |                                          |                                                                                                                             | $\dashv$          |                 | $\dashv$ |                       |                                      |                                                        |
|                                                                                                   |             |                                          |                                                                                                                             |                   |                 |          |                       |                                      | 1                                                      |
|                                                                                                   |             |                                          |                                                                                                                             |                   |                 |          |                       |                                      | 1                                                      |
| Account No.                                                                                       | -           |                                          |                                                                                                                             | _                 | _               | $\perp$  |                       |                                      |                                                        |
| 110.                                                                                              |             |                                          |                                                                                                                             |                   |                 |          |                       |                                      |                                                        |
|                                                                                                   |             |                                          |                                                                                                                             |                   |                 |          |                       |                                      |                                                        |
| Account No.                                                                                       |             |                                          |                                                                                                                             | +-                | +               | +-       |                       |                                      |                                                        |
|                                                                                                   |             | . ]                                      |                                                                                                                             |                   |                 |          |                       |                                      |                                                        |
|                                                                                                   |             |                                          |                                                                                                                             |                   |                 |          |                       |                                      |                                                        |
| ihut no of continuity to                                                                          |             |                                          |                                                                                                                             |                   |                 |          |                       |                                      |                                                        |
| heer no of continuation sheets attached to reditors Holding Priority Claims                       | Schedul     | c of                                     | (Totals                                                                                                                     | Subtot<br>of this | ais≯<br>page)   | 3        | s                     |                                      |                                                        |
|                                                                                                   |             | Scho                                     | e only on last page of the core<br>dule E. Report also on the S<br>chedules.)                                               | melatad           | tal≯<br>l<br>ry | \$       |                       |                                      |                                                        |
| •                                                                                                 |             | the St                                   | only on last page of the com<br>fule E. If applicable, report<br>tatistical Summary of Certain<br>lities and Related Data.) | also on           | - I             |          | s                     | s                                    |                                                        |

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In re Debtor Case No. \_\_\_\_

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(if known)

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority agains the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor i useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian," Do not disclose the child's name. See, 11 U.S.C. §112 and Fed R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

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| ☐ Check this box if debtor has no                                                                 | credito  | rs holding un                            | secured claims to report on this Scho                                                                             | dula E     |              |          |                    |
|---------------------------------------------------------------------------------------------------|----------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.                     | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
| ACCOUNT NO. DI450230N1 US CELLULAR 3617 W. 95th St EVERGREEN Park, IL                             |          |                                          |                                                                                                                   | ×          |              |          | 39.00              |
| ACCOUNT NO. 2034529030 T-MODILE POBOX 37380 Alburgueroue, NM 87176                                |          |                                          |                                                                                                                   | X          |              | *        | 514.00             |
| ATT mobility 8658 CottageGRUK Chicaap, ILLO 619                                                   | ٥        |                                          |                                                                                                                   | X          |              | #        | 1,120,00           |
| ACCOUNT NO. 48073714  NATIONAL CITY BANK 1900 E NINTH STREET CLEVELAND, ONIO 44114                |          |                                          |                                                                                                                   | ×          |              | H        | 247.00             |
| continuation sheets attached                                                                      |          | (Report also c                           | (Use only on last page of the com<br>on Summary of Schedules and, if applicable<br>Summary of Certain Liabilities | pleted Sc  | Statistics   | s ()     | 1920               |

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| B6F (Official Form 6F) (12/07) |            |
|--------------------------------|------------|
| In re Cotoll ORLYA             | Case No.   |
| Debtor                         | (if known) |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

| ☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.                               |          |                                          |                                                                                               |            |              |          |                    |
|----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|-----------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                                | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
| FIFTH THIRDBO                                                                                                                    | L.       | ,                                        |                                                                                               | +          |              |          | # 3,000            |
| ACCOUNT NO.                                                                                                                      |          |                                          |                                                                                               |            |              |          |                    |
|                                                                                                                                  |          | - 1                                      |                                                                                               |            |              |          |                    |
|                                                                                                                                  |          | 1                                        |                                                                                               |            |              |          | 1                  |
| ACCOUNT NO.                                                                                                                      |          |                                          |                                                                                               |            | _            | $\dashv$ |                    |
|                                                                                                                                  |          | 1                                        |                                                                                               |            |              |          |                    |
|                                                                                                                                  |          |                                          |                                                                                               |            |              |          |                    |
| ACCOUNT NO.                                                                                                                      |          |                                          |                                                                                               |            |              | _        |                    |
|                                                                                                                                  |          |                                          |                                                                                               |            |              |          |                    |
| •                                                                                                                                |          |                                          |                                                                                               |            |              |          |                    |
| Subtomi> \$ 3, \( \cdots \)                                                                                                      |          |                                          |                                                                                               |            |              |          |                    |
| continuation sheets attached                                                                                                     |          |                                          |                                                                                               |            |              |          |                    |
| (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical |          |                                          |                                                                                               |            |              |          |                    |
| Summary of Certain Liabilities and Related Data.)                                                                                |          |                                          |                                                                                               |            |              |          |                    |

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| B6F (Official Form 6F) (12 | /07)        |
|----------------------------|-------------|
| Inre Rockell A             |             |
| TO CREIT H                 | Debtor 1000 |
|                            | - 13.101    |

| Case No. | (If known) |
|----------|------------|
|          | (if known) |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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| ☐ Check this box if debtor has no                                                                 | ☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F. |                                          |                                                                                                                 |            |              |          |                     |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------|--------------|----------|---------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR                                                                                           | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.                   | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM  |
| ACCOUNT NO. 8479445 SBC Illindis 8658 S. Cottage Gr Chicago, IL 60619                             | sue                                                                                                |                                          |                                                                                                                 | ×          |              |          | # <sub>184.00</sub> |
| ACCOUNT NO. 29:306130  A++  8658 Cottage Groce Chicago, IC 60619                                  |                                                                                                    |                                          |                                                                                                                 | X          |              |          | 659.00              |
| ACCOUNT NO. 773803  First Midwest BANK  8501 WHISSINS RD  ChicaGGIL 60631                         |                                                                                                    |                                          |                                                                                                                 | X          |              |          | \$82,00             |
| CONDOT CADITAL CORP<br>165 OSER AUE<br>HAUPPAUGE, NY 11786                                        |                                                                                                    |                                          |                                                                                                                 | X          |              | 8        | 5371.71             |
| continuation sheets attached                                                                      |                                                                                                    | (Report also o                           | (Use only on last page of the con<br>on Summary of Schedules and, if applicab<br>Summary of Certain Liabilities | le no th   | Stationio    | \$ (1)   | 6836.71             |

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## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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| Check this box if debtor has no                                                                   | credito  | ers holding uns                          | secured claims to report on this Sche                                                                          | . I. I. W  |              |          |                    |
|---------------------------------------------------------------------------------------------------|----------|------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.                  | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
| Mansard Apts 1818 MANSARA BLVD GRIFFITH, IN, 46319                                                |          |                                          |                                                                                                                | x          |              |          | \$411.00           |
| ACCOUNT NO.548775000  FIRST BANK OF DELAWARE  50 S. 1645+ Philadelphia, 19102                     |          |                                          |                                                                                                                | *          |              |          | \$969.00           |
| frst Premier Bank 3820 N. Louise Ave Siouxfalls, SD, 57107                                        |          |                                          |                                                                                                                | ×          |              | 1        | \$359,00           |
| ACCOUNT NO. 615144  Dist Network 2555 W 190th St Torrance, CA, 90504                              |          |                                          |                                                                                                                | X          |              |          | \$ 126.00          |
| continuation sheets attached                                                                      |          | (Report also o                           | (Use only on last page of the con<br>n Summary of Schedules and, if applicab<br>Summary of Certain Liabilities | npleted Se | Stationio    | <b>s</b> | 1965               |

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| BCF (O | ificial Form 6F) (12/07) |            |
|--------|--------------------------|------------|
| In re  | Rockell A GRIGGS         |            |
|        | Debtor                   | Case No.   |
|        |                          | (if known) |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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| ☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F. |          |                                          |                                                                                                                 |            |              |          |                    |
|----------------------------------------------------------------------------------------------------|----------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.                   | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
| ACCOUNT NO. 11147410  DAKOTA STATE BANK 211 N MAIN BOOK BUNT, SD 57522                             |          |                                          |                                                                                                                 | Х          |              |          | \$ 387.00          |
| HSBC BANK<br>POBOX 5253 851<br>CAPOL STREAM, ICHAM                                                 |          |                                          |                                                                                                                 | Х          |              | <b>*</b> | 1,152.00           |
| ACCOUNT NO.424050580<br>IQ TClecom<br>12301 SHAISTED<br>Chicago, IL 60628                          |          |                                          |                                                                                                                 | X          |              | -        | \$ 97.00           |
| ACCOUNT NO 3FZ 03205  MCI 46 LAN JUNCTING  B BOX 10584  Green VIII E, SC 29603                     |          |                                          | >                                                                                                               |            |              | \$       | 423,00             |
| continuation sheets attached                                                                       |          | (Report also o                           | (Use only on last page of the con<br>in Summary of Schedules and, if applicab<br>Summary of Certain Liabilities | le on the  | Stationia.   | 5        | 2059               |

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| BOY (Official Form 6F) (12/07) |            |
|--------------------------------|------------|
| in re Rockell A. Geinos        |            |
|                                | Case No.   |
| Debtor '                       |            |
|                                | (if known) |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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| ☐ Check this box if debtor has no c                                                               | redito   | rs holding uns                           | secured claims to report on this Sche                                                                            | dula E     |              |          |                    |
|---------------------------------------------------------------------------------------------------|----------|------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.                    | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
| ACCOUNT NO. 36294911 72MCI 40 LINV ANNOLY PODOX 10584 GREENVIllESC 29603                          |          |                                          |                                                                                                                  | ×          |              |          | \$80.00            |
| ACCOUNT NO. 3HE15117 12 MCI GO LVAN FRAMP POBOX 10684 Gracon VIIIE, SC 29603                      |          |                                          |                                                                                                                  | X          |              | }        | 158.00             |
| ACCOUNT NO. 4006100023  META BANK 11601 ROOSEVELT BLUD TA 74 ST Peter Sburg, Ft33701              |          |                                          |                                                                                                                  | X          |              | \$       | 387.00             |
| ACCOUNT NO. 852744906<br>TERBUTE MAJENCAND<br>8075 AERO DY<br>SOIN DIEGUICA 92123                 |          |                                          |                                                                                                                  |            |              | Æ        | ,625.00            |
| continuation sheets attached                                                                      |          | (Report also o                           | (Use only on last page of the com<br>n Summary of Schedules and, if applicable<br>Summary of Certain Liabilities | pleted Sc  | Statistics.  | \$ (\$)  | 2,250              |

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| B6F (Official Form 6F) (12/07) |                   |
|--------------------------------|-------------------|
| Inre Rockell A. GRIGOS         | Con No            |
| Debtor                         | Case No(if known) |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

| ☐ Check this box if debtor has no                                                                 | credito  | rs holding uns                           | secured claims to remort on this School                                                                       | ebita C    |              |          |                    |
|---------------------------------------------------------------------------------------------------|----------|------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.                 | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
| ACCOUNT NO. 1068026 HARBOYSIDE APARMOUS 3610 Alder St EAST-CHICAGO, IN 46312                      |          |                                          |                                                                                                               | X          |              |          | #440.00            |
| ACCOUNT NO. 15/12955  NCO OF SBC CID PO DOX HILLY 8 Philadelphia, PA 19101                        |          |                                          |                                                                                                               | Х          |              |          | # 482.00           |
| ACCOUNT NO. 7305473  BANK OF AMERICA  4211 W 1674h  COUNTRY CLUB HIR, £C478                       |          |                                          |                                                                                                               | X          |              |          | \$ 581.00          |
| ACCOUNT NO. 5070999 TCF BANK 715 Plainfield RD Nillowbrook, ILL60527                              |          |                                          |                                                                                                               | χ          |              | 4        | 33.00              |
| continuation sheets attached                                                                      |          | (Report also o                           | (Use only on last page of the con<br>n Summary of Schedules and, if applicat<br>Summary of Certain Liabilitie | de on the  | Stationia    | \$       | 1,536              |

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| B6F (Official Form 6F) (12/07) |            |
|--------------------------------|------------|
| In re Rockell A GRIOGS.        | Case No.   |
| Debtor                         | (if known) |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority agains the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

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| ☐ Check this box if debtor has no                                                                 | credite                                                                                                                                                                             | ors holding un                           | secured claims to report on this Sche                                                         | dula E     |              |             |                    |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------|------------|--------------|-------------|--------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR                                                                                                                                                                            | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED    | AMOUNT OF<br>CLAIM |
| RS-R CONTRY MOTORS                                                                                |                                                                                                                                                                                     |                                          |                                                                                               |            | -            |             |                    |
| 1300 DINE HOY                                                                                     |                                                                                                                                                                                     |                                          |                                                                                               |            |              |             | <b>.</b>           |
| Beecher, IL 60401                                                                                 |                                                                                                                                                                                     |                                          |                                                                                               | X          |              |             | 3,942.00           |
| ACCOUNT NO. 787273                                                                                |                                                                                                                                                                                     |                                          |                                                                                               |            |              |             |                    |
| Village of Cympaters 3348 Ridge RD                                                                |                                                                                                                                                                                     |                                          |                                                                                               | V          |              |             | 916000             |
| 411Bing, IC 60438                                                                                 |                                                                                                                                                                                     |                                          |                                                                                               | X          | İ            |             | \$250,00           |
| ACCOUNT NO. 195354                                                                                |                                                                                                                                                                                     |                                          |                                                                                               |            |              |             |                    |
| VILLAGE OF OLYMPIA 7:005<br>3348 Plage RD                                                         |                                                                                                                                                                                     |                                          | 1.                                                                                            |            |              |             | <i>a</i>           |
| LANSing, IL 60438                                                                                 |                                                                                                                                                                                     |                                          | -                                                                                             | $x \mid$   |              |             | \$2500p            |
| ACCOUNT NO. 795419                                                                                | _                                                                                                                                                                                   |                                          |                                                                                               | -          |              |             |                    |
| VILLAGE OF Dympin Fields                                                                          |                                                                                                                                                                                     |                                          |                                                                                               |            |              |             | 71                 |
| LANSING, IL LOUSE                                                                                 |                                                                                                                                                                                     |                                          | X                                                                                             |            |              |             | \$ 250.00          |
| I.                                                                                                |                                                                                                                                                                                     | <u> </u>                                 |                                                                                               |            |              | _           |                    |
| continuation sheets attached                                                                      |                                                                                                                                                                                     |                                          |                                                                                               |            | Subtotal     | <u>.  -</u> | 4,692              |
|                                                                                                   | (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) |                                          |                                                                                               |            |              |             |                    |

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| B6F (Official Form 6F) (12/07) | •      |
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| inre Kockell A GA              | 2006 . |
| Debtor                         |        |

| Case No. | 7/8        |
|----------|------------|
|          | (if known) |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority agains the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

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| ☐ Check this box if debtor has no                                                                 | credite  | ors holding un                           | secured claims to report on this Sche                                                                          | dula E     |              |          |                    |
|---------------------------------------------------------------------------------------------------|----------|------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instrictions above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.                  | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
| ACCOUNT NO. 795421 VILLAGE OF AUTOPIA FECTS 3348 Ridge RD Lansing, IL 60438                       |          |                                          |                                                                                                                | X          |              |          | \$250.00           |
| ACCOUNT NO. 790484  Village of Homerood  3348 Riage RD  LAnsing, IL 60438                         |          |                                          |                                                                                                                | X          |              |          | \$150.00           |
| Cawrence, MA 01840                                                                                | SW       |                                          |                                                                                                                | X          |              | *        | 121.00             |
| ACCOUNT NO. 3500051602462<br>Peoples Energy<br>130 E FANDOLAN DR<br>Chicago, IL 60601             |          |                                          |                                                                                                                |            |              | \$       | 400.00             |
| continuation sheets attached                                                                      |          | (Report also o                           | (Use only on last page of the cor<br>on Summary of Schedules and, if applicat<br>Summary of Certain Liabilitie | npleted Se | Statiction   | <b>S</b> | 921,00             |

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In re Debtor Debtor

| Case No. |            |
|----------|------------|
|          | (if known) |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

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| Check this box if debtor has no                                                                   | credito                                                                                                                       | rs holding un                            | secured claims to report on this Scho                                                         | while E      |              |          |                    |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------|--------------|--------------|----------|--------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR                                                                                                                      | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT   | JNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
| ACCOUNT NO. 14/6/20670                                                                            |                                                                                                                               |                                          |                                                                                               | <del> </del> |              |          |                    |
| PO box 30046<br>TAMPA, FL 33630                                                                   |                                                                                                                               |                                          |                                                                                               | ×            |              |          | \$75.00            |
| ACCOUNT NO.                                                                                       |                                                                                                                               |                                          |                                                                                               |              |              |          |                    |
| TCF BANK<br>715 Plain FreidRD<br>Willow broof IC, 60527                                           |                                                                                                                               |                                          | j                                                                                             | X            |              | ļ.       | 712.00             |
| ACCOUNT NO.                                                                                       |                                                                                                                               |                                          |                                                                                               |              |              | $\dashv$ |                    |
| 700m LOAN<br>9350 South DIXIE HUY<br>MIAMI, FL 33156                                              |                                                                                                                               |                                          |                                                                                               | X            |              |          | 302.00             |
| ACCOUNT NO.                                                                                       |                                                                                                                               |                                          |                                                                                               |              |              |          |                    |
| AArons<br>1149 165th St<br>Hammond, IN46320                                                       |                                                                                                                               |                                          |                                                                                               | X            |              |          | 2,000              |
|                                                                                                   |                                                                                                                               | <u>-</u>                                 |                                                                                               |              | Subtotal     | >   s    | 3,089              |
| continuation sheets attached                                                                      |                                                                                                                               |                                          | (Use only on last name and it                                                                 |              | Total        | _   .    | 7001               |
|                                                                                                   | (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) |                                          |                                                                                               |              |              |          |                    |

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| B6G (Official Form 6G) | (12/07)   |                   |
|------------------------|-----------|-------------------|
| In re KOCKUN  Debtor   | A GRIGGS, | Case No(if known) |

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS,<br>INCLUDING ZIP CODE,<br>OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND<br>NATURE OF DEBTOR'S INTEREST. STATE<br>WHETHER LEASE IS FOR NONRESIDENTIAL<br>REAL PROPERTY. STATE CONTRACT<br>NUMBER OF ANY GOVERNMENT CONTRACT. |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                            |                                                                                                                                                                                          |
|                                                                                            |                                                                                                                                                                                          |
|                                                                                            |                                                                                                                                                                                          |
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|                                                                                            |                                                                                                                                                                                          |

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| In re Rockell A Greiogs, Debtor | Case No(If known) |
|---------------------------------|-------------------|
|                                 | (II KUOWI)        |
|                                 |                   |

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
|                              |                              |
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|                                                                                | Document                                                                                                            | t Page 28          | 3 of 44              |                                      |                               |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------|----------------------|--------------------------------------|-------------------------------|
| B6I (Official Form 6I)                                                         | (12/07)                                                                                                             |                    |                      |                                      |                               |
| In re                                                                          | oll A. Geigas                                                                                                       | )<br>*             | Case                 | e No                                 |                               |
| L                                                                              | ebtor                                                                                                               |                    |                      |                                      | (if known)                    |
| COT                                                                            |                                                                                                                     |                    |                      |                                      | •                             |
| SCH                                                                            | EDULE I - CURREN                                                                                                    | T INCOM            | E OF INDIV           | VIDUAL DER                           | TOR(S)                        |
| The column labeled "                                                           | Spouge" must be committed to the                                                                                    |                    |                      |                                      |                               |
| filed, unless the spous                                                        | Spouse" must be completed in all ca<br>es are separated and a joint petition<br>i may differ from the current month | is not filed. Do n | Sebtors and by every | married debtor, wheth                | er or not a joint petition is |
| calculated on this form                                                        | n may differ from the current month                                                                                 | ly income calculat | ed on From 22A, 2    | any minor child. The a<br>2B. or 22C | verage monthly income         |
| Debtor's Marital                                                               |                                                                                                                     |                    |                      |                                      |                               |
| Status:                                                                        |                                                                                                                     | DEPENDENT          | 'S OF DEBTOR A       | ND SPOUSE                            |                               |
|                                                                                | RELATIONSHIP(S):                                                                                                    |                    |                      |                                      | AOP(C)                        |
| Employment: TC                                                                 | FRUNK DEBTOR                                                                                                        | Rockell            |                      |                                      | AGE(S):                       |
| Occupation Br.                                                                 | nanacies.                                                                                                           | 5°95               |                      | SPOUSE                               |                               |
| Name of Employer                                                               | TCF BOOK                                                                                                            |                    |                      | 7.1.8                                |                               |
| How long employed                                                              | WEARS & months                                                                                                      | <del></del>        |                      |                                      |                               |
| Address of Employer                                                            | · -                                                                                                                 |                    |                      | $\mathbb{N} \setminus \mathbb{I}$    |                               |
| 2500 lincoli                                                                   | Hux, Cympa fields                                                                                                   | , IL, 60461        |                      | 1.                                   |                               |
| INCOME: /Fatimete n.c.                                                         |                                                                                                                     | <u>I</u>           |                      |                                      |                               |
| case file                                                                      | average or projected monthly incom                                                                                  | e at time DE       | BTOR                 | SPOUSE                               |                               |
| 1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.                                       |                                                                                                                     | s                  | 3216                 | •                                    |                               |
| (Prorate if not paid                                                           | , salary, and commissions                                                                                           | <b>*</b>           |                      | 3                                    | •                             |
| 2. Estimate monthly over                                                       | rtime                                                                                                               | S                  | U                    | \$                                   |                               |
| 3. SUBTOTAL                                                                    |                                                                                                                     |                    |                      |                                      |                               |
|                                                                                |                                                                                                                     | 5                  | 3216                 |                                      |                               |
| 4. LESS PAYROLL DE                                                             | DUCTIONS                                                                                                            |                    | 7 7                  | <u> </u>                             |                               |
| <ul> <li>a. Payroll taxes and so</li> <li>b. Insurance</li> </ul>              | icial security                                                                                                      | <u>s</u>           | 48.00                | <b>s</b> _                           |                               |
| c. Union dues                                                                  |                                                                                                                     | <u>s</u>           | <del></del>          | 8                                    |                               |
| d. Other (Specify):                                                            |                                                                                                                     | s                  | Ø .                  | \$                                   |                               |
| 5. SUBTOTAL OF PAYI                                                            | ROLL DEDUCTIONS                                                                                                     | ,                  |                      |                                      |                               |
|                                                                                |                                                                                                                     | 5                  | 548.00               | 5                                    |                               |
| 6. TOTAL NET MONTH                                                             | LY TAKE HOME PAY                                                                                                    | s                  | 2ldoB                | e                                    |                               |
| 7. Regular income from of                                                      | peration of business or profession or                                                                               | form               |                      | <u> </u>                             |                               |
| (Attach detalled state)                                                        | nenii)                                                                                                              | <u> </u>           | <u> </u>             | <u> </u>                             |                               |
| <ul><li>8. Income from real proper</li><li>9. Interest and dividends</li></ul> | ту                                                                                                                  | 2                  | <del>}</del>         | S                                    |                               |
| 10. Alimony, maintenance                                                       | or support payments payable to the                                                                                  | debtor for         | <del></del>          | <u> </u>                             |                               |
| are denied 2 trac Of II                                                        | at of occentionia ligited above                                                                                     | S                  | <del>2</del>         | 5                                    |                               |
| <ol> <li>Social security or gover<br/>(Specify):</li> </ol>                    | ument assistance                                                                                                    |                    | -                    | · · · · · <del></del>                |                               |
| 12. Pension or retirement in                                                   | come                                                                                                                |                    | <u> </u>             | \$                                   |                               |
| <ol> <li>Other monthly income<br/>(Specify):</li> </ol>                        |                                                                                                                     |                    | 0                    | S                                    |                               |
|                                                                                |                                                                                                                     | _ s <u> </u>       | 9                    | \$                                   |                               |
| 14. SUBTOTAL OF LINES                                                          | 7 THROUGH 13                                                                                                        | - (                | 6)                   |                                      | <del></del>                   |

15. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

\$

s

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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| B6J | (Official | Form | 6J) | (12/07) |
|-----|-----------|------|-----|---------|
|-----|-----------|------|-----|---------|

| In re_ | Rockell | A | GRIOSS. |
|--------|---------|---|---------|
|        | Debtor  |   | W '     |

| Case No. |            |
|----------|------------|
|          | (if kлоwn) |

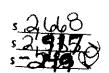
# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C. Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse." 1. Rent or home mortgage payment (include lot rented for mobile home) a. Are real estate taxes included? b. Is property insurance included? 2. Utilities: a. Electricity and heating fuel b. Water and sewer c. Telephone d. Other CABIE 3. Home maintenance (repairs and upkeep) 4. Food 5. Clothing 6. Laundry and dry cleaning 7. Medical and dental expenses 8. Transportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10.Charitable contributions 11.Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto 12. Taxes (not deducted from wages or included in home mortgage payments) 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) b. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other \_ 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

### 20. STATEMENT OF MONTHLY NET INCOME

- a. Average monthly income from Line 15 of Schedule I
- b. Average monthly expenses from Line 18 above
- c. Monthly net income (a. minus b.)



Case 09-32189 Doc 1 Filed 08/31/09 Entered 08/31/09 12:47:52 Desc Main Document Page 30 of 44

In re POCKAL A G 800,

| Case No. |                |
|----------|----------------|
|          | (If house, and |

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| ENTENDED TO PERSONY BY INDIVIDUAL DEBTOR                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| oing summary and schedules, consisting of sheets, and that they are true and correct to the                                                                                                                                                                                                                                                                                |
| Signature: Hodelalas                                                                                                                                                                                                                                                                                                                                                       |
| Signature:                                                                                                                                                                                                                                                                                                                                                                 |
| (Joint Debtor, if any)                                                                                                                                                                                                                                                                                                                                                     |
| [If joint case, both spouses must sign.]                                                                                                                                                                                                                                                                                                                                   |
| ON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 118)                                                                                                                                                                                                                                                                                                             |
| on preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have proven required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been a services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum ting any fee from the debtor, as required by that section. |
| Social Security No. (Required by 11 U.S.C. § 110.)                                                                                                                                                                                                                                                                                                                         |
| title (if any), address, and social security number of the officer, principal, responsible person, or partn                                                                                                                                                                                                                                                                |
| - 1, Speciality person, of purin                                                                                                                                                                                                                                                                                                                                           |
| Date                                                                                                                                                                                                                                                                                                                                                                       |
| d or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:                                                                                                                                                                                                                                                                    |
| d sheets conforming to the appropriate Official Form for each person.                                                                                                                                                                                                                                                                                                      |
| and the Federal Rules of Bankrupicy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110;                                                                                                                                                                                                                                                                |
| ERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP                                                                                                                                                                                                                                                                                                                           |
| Other officer or an authorized access of                                                                                                                                                                                                                                                                                                                                   |
| other officer or an authorized agent of the corporation or a member or an authorized agent of the pration or partnership] named as debtor in this case, declare under penalty of perjury that I have out of summary page plus I), and that they are true and correct to the best of my                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                            |
| Signature:                                                                                                                                                                                                                                                                                                                                                                 |
| [Print or type name of individual signing on behalf of debtor.]                                                                                                                                                                                                                                                                                                            |
| •                                                                                                                                                                                                                                                                                                                                                                          |
| to \$500,000 or imprisonment for                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                            |

B7 (Official Form 7) (12/07)

### UNITED STATES BANKRUPTCY COURT

| Northern DISTRICT OF Illinois                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In re: Rockell A. Grigge, Case No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| STATEMENT OF FINANCIAL AFFAIRS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the fill's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C Questions I - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question. |
| DEFINITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| "In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding of the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| "Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. II U.S.C. § 101.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1. Income from employment or operation of business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing spouses are separated and a joint petition is not filed.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

spouses are separated and a joint petition is not filed.) AMOUNT

SOURCE income 2007/HAKES W-2 2008/ PAKES W-2

### 2. Income other than from employment or operation of business

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

2

#### 3. Payments to creditors



Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF

DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF PAYMENTS/ TRANSFERS

AMOUNT PAID OR VALUE OF

AMOUNT STILL OWING

**TRANSFERS** 



c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATE OF AND RELATIONSHIP TO DEBTOR

**PAYMENT** 

AMOUNT PAID

AMOUNT STILL OWING

### 4. Suits and administrative proceedings, executions, garnishments and attachments



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF **SEIZURE** 

DESCRIPTION AND VALUE OF PROPERTY

#### Repossessions, foreclosures and returns



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION. FORECLOSURE SALE. TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT 4



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE Of PROPERTY

#### 7. Gifta



List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT DESCRIPTION AND VALUE OF GIFT

#### 8. Losses



List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

DATE OF PAYMENT. NAME OF PAYER IF OTHER THAN DEBTOR

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

5

#### 10. Other transfers

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE; RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED



b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S)

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S

INTEREST IN PROPERTY

#### 11. Closed financial accounts



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

#### 12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS

DESCRIPTION OF

DATE OF TRANSFER OR SURRENDER,

TO BOX OR DEPOSITORY CONTENTS

IF ANY

#### 13. Setoffe



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor



If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** 

NAME USED

DATES OF OCCUPANCY

6

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF NOTICE

ENVIRONMENTAL LAW 7



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

ENVIRONMENTAL

NOTICE LAW



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

#### 18. Nature, location and name of business



a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in

which the debtor owned 5 percent or more of the voting or equity securities within alx years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

NAME

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN) COMPLETE EIN

ADDRESS NATURE OF BUSINESS

BEGINNING AND ENDING DATES

8

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements



a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED



b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

|             | NAME                                                                                    |                                                                             | nent of this case were in possession of the faccount and records are not available, explain ADDRESS  |
|-------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| None        | d. List all financial institutions, financial statement was issued b  NAME AND ADDRE    | 3 Mill                                                                      | ng mercantile and trade agencies, to whom a rediately preceding the commencement of this DATE ISSUED |
|             | 20. Inventories  a. List the dates of the last two in taking of each inventory, and the | ventories taken of your property, the dollar amount and basis of each inv   | ne name of the person who supervised the                                                             |
|             | DATE OF INVENTOR                                                                        | or or or or or                                                              | DOLLAR AMOUNT                                                                                        |
|             | b. List the name and address of the in a., above.                                       | person having possession of the re                                          | cords of each of the inventories reported                                                            |
|             | DATE OF INVENTORY                                                                       |                                                                             | NAME AND ADDRESSES<br>OF CUSTODIAN<br>OF INVENTORY RECORDS                                           |
| <del></del> | 21. Current Partners, Officer                                                           | s, Directors and Shareholders                                               |                                                                                                      |
|             |                                                                                         |                                                                             | rtnership interest of each member of the                                                             |
|             | NAME AND ADDRESS                                                                        | NATURE OF INTEREST                                                          | PERCENTAGE OF INTEREST                                                                               |
| /           | b. If the debtor is a corporation, directly or indirectly owns, control corporation.    | list all officers and directors of the s. or holds 5 percent or more of the | corporation, and each stockholder who voting or equity securities of the                             |
|             | NAME AND ADDRESS                                                                        | TITLE                                                                       | NATURE AND PERCENTAGE OF STOCK OWNERSHIP                                                             |

### 22 . Former partners, officers, directors and shareholders



a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NAME

**ADDRESS** 

DATE OF WITHDRAWAL



b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

### 23. Withdrawals from a partnership or distributions by a corporation



If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.



If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER-IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds.



If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER-IDENTIFICATION NUMBER (EIN)

\* \* \* \* \* \*

11

| I declare under penalty of perjury that I have read the answers comaffairs and any attachments thereto and that they are true and comaffairs and any attachments thereto and that they are true and comaffairs and any attachments thereto and that they are true and complete of Date  Date  Signature  of Joint Deb (if any)  I declare under penalty of perjury that I have read the answers contained in the fore thereto and that they are true and correct to the best of my knowledge, information Date  Signature  Signature  Signature  Finalty of my knowledge, information on the penalty of perjury that I have read the canswers contained in the fore thereto and that they are true and correct to the best of my knowledge, information on the penalty of my knowledge, information on the formation of my knowledge, information of penalty of                                                  | or  going statement of financial affairs and any attachment and belief.                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date Signature of Debtor  Date Signature of Joint Debtor  Date Signature of Joint Debtor  Diff completed on behalf of a partnership or corporation  I declare under penalty of perjury that I have read the answers contained in the fore thereto and that they are true and correct to the best of my knowledge, information  Date Signature  Fine of up to \$500,000 or imprisonment for up to \$500,000 or impri | going statement of financial affairs and any attachmen                                                                                                                                          |
| Date Signature of Joint Deb (if any)  [If completed on behalf of a partnership or corporation]  I declare under penalty of perjury that I have read the answers contained in the fore thereto and that they are true and correct to the best of my knowledge, information  Date Signature  [An individual signing on behalf of a partnership or corporation must indicate position  — continuation sheets attached  Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to  DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PE  re under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 Le  tion and have provided the debtor with a copy of this document and the notices and inform by petition preparers. I have given the debtor notice of the maximum amount before preparer  Typed Name and Title, if any, of Bankruptcy Petition Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | going statement of financial affairs and any attachmen<br>and belief.                                                                                                                           |
| Date Signature of Joint Deb (if any)  [If completed on behalf of a partnership or corporation]  I declare under penalty of perjury that I have read the answers contained in the fore thereto and that they are true and correct to the best of my knowledge, information  Date Signature  [An individual signing on behalf of a partnership or corporation must indicate position  — continuation sheets attached  Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to  DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PE  re under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 Le  tion and have provided the debtor with a copy of this document and the notices and inform by petition preparers. I have given the debtor notice of the maximum amount before preparer  Typed Name and Title, if any, of Bankruptcy Petition Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | going statement of financial affairs and any attachmen<br>and belief.                                                                                                                           |
| of Joint Deb (if any)  [If completed on behalf of a partnership or corporation]  I declare under penalty of perjury that I have read the answers contained in the fore thereto and that they are true and correct to the best of my knowledge, information  Date  Signature  Fine of up to \$500,000 or imprisonment for up to DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PE re under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 I am and have provided the debtor with a copy of this document and the notices and informy potition preparers, I have given the debtor notice of the maximum amount before preparent the debtor, as required by that section.  Typed Name and Title, if any, of Bankruptcy Petition Preparer  Typed Name and Title, if any, of Bankruptcy Petition Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | going statement of financial affairs and any attachmen<br>and belief.                                                                                                                           |
| I declare under penalty of perjury that I have read the answers contained in the fore thereto and that they are true and correct to the best of my knowledge, information  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                 |
| I declare under penalty of perjury that I have read the answers contained in the fore thereto and that they are true and correct to the best of my knowledge, information  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                 |
| I declare under penalty of perjury that I have read the answers contained in the fore thereto and that they are true and correct to the best of my knowledge, information  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                 |
| [An individual signing on behalf of a partnership or corporation must indicate position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                 |
| [An individual signing on behalf of a partnership or corporation must indicate position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                 |
| Continuation sheets attached  Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to  DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PE  re under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 L  tition and have provided the debtor with a copy of this document and the notices and infon  y petition preparers, I have given the debtor notice of the maximum amount before prepare  the debtor, as required by that section.  Typed Name and Title, if any, of Bankruptcy Petition Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rint Name and Title                                                                                                                                                                             |
| Continuation sheets attached  Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to  DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PE  re under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 L  tition and have provided the debtor with a copy of this document and the notices and infon  y petition preparers, I have given the debtor notice of the maximum amount before prepare  the debtor, as required by that section.  Typed Name and Title, if any, of Bankruptcy Petition Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                 |
| Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to  DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PE  re under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 L  station and have provided the debtor with a copy of this document and the notices and inform  station and have provided the debtor have been promulgated pursuant to 11 U.S.C. § 110(h) so  the penalty of perjury that: (1) I am a bankruptcy petition preparer. I have given the debtor notice of the maximum amount before prepare  the debtor, as required by that section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n or relationship to debtor.)                                                                                                                                                                   |
| Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to  DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PE  re under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 L  station and have provided the debtor with a copy of this document and the notices and inform  station and have provided the debtor have been promulgated pursuant to 11 U.S.C. § 110(h) so  the penalty of perjury that: (1) I am a bankruptcy petition preparer. I have given the debtor notice of the maximum amount before prepare  the debtor, as required by that section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                 |
| DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PE<br>re under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 L<br>ation and have provided the debtor with a copy of this document and the notices and infon<br>b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) so<br>by petition preparers, I have given the debtor notice of the maximum amount before prepare<br>the debtor, as required by that section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                 |
| ation and have provided the debtor with a copy of this document and the notices and information of the provided the debtor with a copy of this document and the notices and information preparers. I have given the debtor notice of the maximum amount before prepared the debtor, as required by that section.  Typed Name and Title, if any, of Bankruptcy Petition Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3 years, or both. 18 U.S.C. §§ 152 and 3571                                                                                                                                                     |
| ation and have provided the debtor with a copy of this document and the notices and information of the provided the debtor with a copy of this document and the notices and information preparers. I have given the debtor notice of the maximum amount before prepared the debtor, as required by that section.  Typed Name and Title, if any, of Bankruptcy Petition Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                 |
| y petition preparers, I have given the debtor notice of the maximum amount before prepare the debtor, as required by that section.  Typed Name and Title, if any, of Bankruptcy Petition Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FITION PREPARER (See 11 U.S.C. § 118)                                                                                                                                                           |
| Typed Name and Title, if any, of Bankrupicy Petition Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S.C. § 110; (2) I prepared this document for nation required under 11 U.S.C. §§ 110(b), 110(h), sing a maximum fee for services chargeable by any document for filing for a debtor or accepting |
| ruptcy petition preparer is not an individual, state the name, title (if any), address, and soc<br>person, or partner who signs this document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •                                                                                                                                                                                               |
| person, or pariner who signs this document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Social-Security No. (Required by 11 U.S.C. § 110.)                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ul-security number of the officer, principal,                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                 |
| Bankruptcy Petition Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                 |
| ocial-Security numbers of all other individuals who prepared or assisted in preparing this dual:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                                                                                                                                            |
| ne person prepared this document, attach additional signed sheets conforming to the appro-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | cument unless the houteness                                                                                                                                                                     |
| petition preparer's failure to comply with the provisions of title 11 and the Federal somment or both. 18 U.S.C. § 156.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | cument unless the bankruptcy petition preparer is                                                                                                                                               |

B 8 (Official Form 8) (12/08)

# UNITED STATES BANKRUPTCY COURT

| Inre RockellAGRIPS              | or cocki  |
|---------------------------------|-----------|
| In re FOCKELIA. CTRICES  Debtor | Case No.  |
| CHAPTER 7 INDIVIDUAL DEPOS      | Chapter 7 |

# CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

| Property No. 1                                              |                                  |
|-------------------------------------------------------------|----------------------------------|
| Creditor's Name:                                            | Describe Property Securing Debt: |
| Property will be (check one):                               |                                  |
| ☐ Surrendered ☐ Retain                                      | ned                              |
| If retaining the property, I intend to (check at least one, |                                  |
| - reaccin the property                                      | <b>)</b> :                       |
| ☐ Reaffirm the debt                                         |                                  |
| Other. Explain                                              |                                  |
| using 11 U.S.C. § 522(f)).                                  | (for example, avoid lien         |
| ,                                                           |                                  |
| Property is (check one):                                    |                                  |
| O Claimed as evannet                                        | <b>—</b>                         |
|                                                             | ☐ Not claimed as exempt          |
| roperty No. 2 (if necessary)                                |                                  |
| Creditor's Name:                                            |                                  |
|                                                             | Describe Property Securing Debt: |
|                                                             |                                  |
| roperty will be (check one):                                |                                  |
| ☐ Surrendered ☐ Retained                                    |                                  |
| · —                                                         |                                  |
| retaining the property, I intend to (check at least one):   |                                  |
| - redectif the property                                     |                                  |
| Reaffirm the debt                                           | •                                |
| Other. Explain                                              | (for over 1                      |
| ng 11 U.S.C. § 522(f)).                                     | (for example, avoid lien         |
|                                                             | 1                                |
| perty is (check one):                                       |                                  |
| ☐ Claimed as exempt                                         | Not claimed as exempt            |
|                                                             | NUL CISIMAN SE SESSION (         |

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Page 2

| PART B - Personal property subject to unexpired leaves                                                                                                    | Pag             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| PART B - Personal property subject to unexpired leases. (All three columns of Part B must be each unexpired lease. Attach additional pages if necessary.) | e completed for |
| T Parametric N                                                                                                                                            |                 |

| Lessor's Name:                                        | Describe Leased Property:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lease will be Assumed pursuan to 11 U.S.C. § 365(p)(2):           |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Property No. 2 (if necessary)                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |
| Lessor's Name:                                        | Describe Leased Property:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):          |
| roperty No. 3 (if necessary)                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |
| essor's Name:                                         | Describe Leased Property:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):  YES  NO |
| continuation sheets attac                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |
| ,                                                     | perjury that the above indicates my inte<br>personal property subject to an unexpir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ention as to any property of my<br>ed lease.                      |
| ctare under penalty of i<br>te securing a debt and/or | perjury that the above indicates my interpersonal property subject to an unexpired subject to a subject to | ention as to any property of my ed lease.                         |

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### CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION (Continuation Sheet)

### PART A - Continuation

| Property No.                                                                                                                                     |                         |           |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------|--------------------------------------------------------------------|
| Creditor's Name:                                                                                                                                 | E                       | escribe P | roperty Securing Debt:                                             |
| Property will be (check one):                                                                                                                    | O Retained              |           |                                                                    |
| If retaining the property, I intend t  Redeem the property Reaffirm the debt Other. Explain using 11 U.S.C. § 522(f)).  Property is (check one): | 0 (check at least one): | (for      | example, avoid lien                                                |
| ☐ Claimed as exempt                                                                                                                              | ☐ Not                   | claimed a | as exempt                                                          |
| ART B - Continuation                                                                                                                             |                         |           |                                                                    |
| Property No.                                                                                                                                     | ٦                       |           | ·,                                                                 |
| essor's Name:                                                                                                                                    | Describe Leased Pro     | perty:    | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):  TYES TNO |
| operty No.                                                                                                                                       | 7                       |           |                                                                    |
| essor's Name:                                                                                                                                    | Describe Leased Prop    |           | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):           |